

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

SUITE 1300 600 EAST BROAD STREET RICHMOND, VA 23219 804/786-7933 800/343-0634 (TDD) www.dmas.virginia.gov

September 12, 2019

Linda Hines, CEO Virginia Premier Health Plan 600 E. Broad Street, 4th Floor Richmond, VA 23219

Re: Commonwealth Coordinated Care Plus (CCC Plus) Program – Remittance Advice (RA) Issues

Dear Ms. Hines,

The Department of Medical Assistance Services (DMAS) monitors the timeliness and accuracy of claims processing to determine compliance with contractual standards. Remittance Advice (RA), as a component of payment processing, communicates payment information to providers and must meet contract compliance according to the CCC Plus contract section 12.4.1 General Processing and Payment Rules. Since April 2019, there have been numerous instances of provider complaints, from Durable Medical Equipment (DME), Federally Qualified Health Centers (FQHC), Rural Health Clinic (RHC), and Nursing Facility (NF) providers. Specifically, Premier payments and/or adjustments communicated on the RA were not clearly associated with specific claims causing providers administrative difficulties to reconcile reimbursements.

Virginia Premier will be issued a point violation pursuant to Section 18.0 of the CCC Plus Contract. Assessment of these points are stated in Exhibit 1 below. Virginia Premier shall submit a Corrective Action Plan (CAP) to DMAS for their Remittance Advice process for approval no later than 30 calendar days from the date of this letter. Virginia Premier will need to identify the root cause(s) for the lack of compliance and develop a practicable project plan to ensure contractual compliance is maintained. Please ensure that the CAP includes a project plan or list of deliverables, milestones, due dates, and percentage complete that address the root cause(s) for the lack of compliance. A weekly update to this project plan to DMAS will be required for monitoring progress. Failure to comply with the approved CAP will result in additional sanctions.

Virginia Premier Health Plan

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact Joshua Walker at 804-418-4464. Please sign, date and return acknowledging receipt to cccpluscompliance@dmas.virginia.gov.

Sincerely,

Tammy Whitlock,

Deputy Director of Complex Care and Services

Exhibit 1 - Premier - 2019 Point Schedule

<u>MCO</u>	Area(s) of Violation	Previous Balance	Point(s) Expired	Point(s) Incurred	Current Balance	Sanctions pursuant to 18,2,2
Virginia Premier Health Plan	12.4.1	5	5	5	10	\$1,000

18.2.3.2 Five (5) Point Violations

Noncompliance with Claims Adjudication Requirements - If the Department finds that the Contractor is unable to (1) electronically accept and adjudicate claims to final status, or (2) notify providers of the status of their submitted claims, the Contractor may be assessed 5 points per incident of noncompliance. If the Department has identified specific instances where a Contractor has failed to take the necessary steps to comply with the requirements specified in this Contract by (1) failing to notify non-contracting providers of procedures for claims submissions when requested or (2) failing to notify contracting and non-contracting providers of the status of their submitted claims, the Contractor may be assessed 5 points per incident of noncompliance.

Virginia Premier Health Plan

Acknowledge agreement via signature below to address the Corrective Action Plan (CAP) within the attached letter.

Linda Hines (Signature & Date)